

Compensation of Hospital Employees

Calendar Year: 2017		Entity Name: Grant County Public Hospital Dist # 2 dba Quincy Valley Medical Center						
(A) Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 GLENDA L BISHOP	Yes (CEO)	GCPHD2	78,948			1,154	1,311	81,413
2 KELLY ROBISON	N	GCPHD2	78,372				7,751	86,123
3 THOMAS RICHARDSON	N	GCPHD2	76,854				849	77,703
4 LANNY ROBERTS	N	GCPHD2	61,098				6,993	68,091
5 NEWTON MOATS	N	GCPHD2	60,125				7,751	67,876
6 ALENE WALKER	N	GCPHD2	59,714				7,751	67,465
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J <http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov